

CERTIFICATE OF ORGANIZATION FILED EFFECTIVE

(Instructions on back of application)

2015 JUN 18 PM 12: 22

	(mondono on back or application	,
1.	The name of the limited liability company is:	SECHEJARY OF STATE STATE OF IDAHO
2. The complete street and mailing addresses of the initial designated office:		
	1/20 WARNER AUE.	
	(Mailing Address, if different than street address)	
3. The name and complete street address of the registered agent:		gistered agent:
	Learny Cvezie 1/20 (Street Address	WAR NER AVE Lawton, I'D
4. The name and address of at least one member or manager of the limited liability company:		or manager of the limited liability
	Larry Joe Crozier 1/20	WARNER AVE Lewiston ID
5	Mailing address for future correspondence (annu	(a) réport notices):
J.	1120 WARNER AUE LEWISTO	- ·
	William Control	120-1
6.	Future effective date of filing (optional):	
Sia.	nature of a manager, member or authorized	
	son.	
	/ 4.	Secretary of State use only
	nature	
Тур	ed Name: Lavry Crozier	IDAHO SECRETARY OF STATE 06/18/2015 05:00
Sigr	nature	CK:2945436 CT:172099 BH:148045' 10 100.00 = 100.00 ORGAN LLC #3
	ed Name:	1@ 20.00 = 20.00 EXPEDITE C #3
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